

94-2375 NY, NEW YORK CITY 02/05/02

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 WASHINGTON D.C. 20210

William W. Gross                      Division of  
 Director                              Wage Determinations

Wage Determination No.: 1994-2375  
 Revision No.: 19  
 Date Of Last Revision: 01/31/2002

State: New York

Area: New York Counties of Bronx, Kings, New York, Putnam, Queens, Richmond, Rockland, Westchester

OCCUPATION NOTES:

Janitor: The rate for the Janitor occupation applies to Putnam, Rockland, and Westchester Counties only. See Wage Determination 1977-0225 for wage rates and fringe benefits for Bronx, Kings, New York, Queens, and Richmond Counties.

Refuse Collector: The rate for the Refuse Collector applies to Rockland County ONLY. Wage Determination 1999-0321 for wage rates and fringe benefits for Bronx, Kings, New York, Putnam, Queens, Richmond, and Westchester Counties.

**\*\*Fringe Benefits Required Follow the Occupational Listing\*\***

OCCUPATION TITLE	MINIMUM WAGE RATE
Administrative Support and Clerical Occupations	
Accounting Clerk I	11.75
Accounting Clerk II	14.66
Accounting Clerk III	16.28
Accounting Clerk IV	17.71
Court Reporter	16.30
Dispatcher, Motor Vehicle	17.63
Document Preparation Clerk	13.77
Duplicating Machine Operator	13.77
Film/Tape Librarian	15.19
General Clerk I	10.88
General Clerk II	10.97
General Clerk III	13.77
General Clerk IV	14.98
Housing Referral Assistant	19.03
Key Entry Operator I	12.11
Key Entry Operator II	12.96
Messenger (Courier)	10.88
Order Clerk I	12.77
Order Clerk II	16.86
Personnel Assistant (Employment) I	12.82
Personnel Assistant (Employment) II	14.41
Personnel Assistant (Employment) III	16.64
Personnel Assistant (Employment) IV	18.00
Production Control Clerk	17.69
Rental Clerk	15.19
Scheduler, Maintenance	15.54
Secretary I	15.54
Secretary II	17.53
Secretary III	19.03
Secretary IV	20.50
Secretary V	23.95
Service Order Dispatcher	17.47
Stenographer I	15.56

Stenographer II	17.47
Supply Technician	20.50
Survey Worker (Interviewer)	15.33
Switchboard Operator-Receptionist	12.91
Test Examiner	17.53
Test Proctor	17.53
Travel Clerk I	12.81
Travel Clerk II	13.88
Travel Clerk III	15.07
Word Processor I	13.50
Word Processor II	14.44
Word Processor III	17.76
Automatic Data Processing Occupations	
Computer Data Librarian	13.86
Computer Operator I	13.56
Computer Operator II	15.52
Computer Operator III	19.00
Computer Operator IV	23.82
Computer Operator V	24.15
Computer Programmer I (1)	19.59
Computer Programmer II (1)	23.94
Computer Programmer III (1)	27.62
Computer Programmer IV (1)	27.62
Computer Systems Analyst I (1)	25.48
Computer Systems Analyst II (1)	27.62
Computer Systems Analyst III (1)	27.62
Peripheral Equipment Operator	13.85
Automotive Service Occupations	
Automotive Body Repairer, Fiberglass	22.26
Automotive Glass Installer	22.41
Automotive Worker	22.41
Electrician, Automotive	23.40
Mobile Equipment Servicer	20.60
Motor Equipment Metal Mechanic	24.31
Motor Equipment Metal Worker	21.29
Motor Vehicle Mechanic	24.31
Motor Vehicle Mechanic Helper	19.65
Motor Vehicle Upholstery Worker	21.52
Motor Vehicle Wrecker	22.41
Painter, Automotive	23.40
Radiator Repair Specialist	22.41
Tire Repairer	18.22
Transmission Repair Specialist	24.31
Food Preparation and Service Occupations	
Baker	19.55
Cook I	17.97
Cook II	19.55
Dishwasher	14.67
Food Service Worker	14.67
Meat Cutter	19.55
Waiter/Waitress	15.50
Furniture Maintenance and Repair Occupations	
Electrostatic Spray Painter	20.13
Furniture Handler	15.30
Furniture Refinisher	20.13
Furniture Refinisher Helper	16.90
Furniture Repairer, Minor	18.51
Upholsterer	20.13
General Services and Support Occupations	
Cleaner, Vehicles	14.67
Elevator Operator	14.67
Gardener	17.97
House Keeping Aid I	13.83
House Keeping Aid II	14.67
Janitor	14.67

Laborer, Grounds Maintenance	15.50
Maid or Houseman	13.72
Pest Controller	18.75
Refuse Collector	14.67
Tractor Operator	17.13
Window Cleaner	15.50
Health Occupations	
Dental Assistant	11.48
Emergency Medical Technician (EMT)/Paramedic/Ambulance Driver	14.10
Licensed Practical Nurse I	14.21
Licensed Practical Nurse II	15.97
Licensed Practical Nurse III	17.86
Medical Assistant	11.65
Medical Laboratory Technician	11.80
Medical Record Clerk	11.80
Medical Record Technician	15.28
Nursing Assistant I	7.45
Nursing Assistant II	11.54
Nursing Assistant III	12.59
Nursing Assistant IV	14.15
Pharmacy Technician	12.79
Phlebotomist	10.45
Registered Nurse I	21.71
Registered Nurse II	26.33
Registered Nurse II, Specialist	26.33
Registered Nurse III	30.23
Registered Nurse III, Anesthetist	30.23
Registered Nurse IV	33.04
Information and Arts Occupations	
Audiovisual Librarian	21.82
Exhibits Specialist I	19.03
Exhibits Specialist II	20.21
Exhibits Specialist III	22.80
Illustrator I	16.55
Illustrator II	17.57
Illustrator III	19.83
Librarian	27.36
Library Technician	15.33
Photographer I	14.66
Photographer II	17.54
Photographer III	18.62
Photographer IV	21.02
Photographer V	25.42
Laundry, Dry Cleaning, Pressing and Related Occupations	
Assembler	8.69
Counter Attendant	8.69
Dry Cleaner	10.29
Finisher, Flatwork, Machine	8.69
Presser, Hand	8.69
Presser, Machine, Drycleaning	8.69
Presser, Machine, Shirts	8.69
Presser, Machine, Wearing Apparel, Laundry	8.69
Sewing Machine Operator	11.05
Tailor	13.57
Washer, Machine	9.60
Machine Tool Operation and Repair Occupations	
Machine-Tool Operator (Toolroom)	20.13
Tool and Die Maker	23.35
Material Handling and Packing Occupations	
Forklift Operator	16.24
Fuel Distribution System Operator	17.73
Material Coordinator	16.26
Material Expediter	16.26
Material Handling Laborer	15.80
Order Filler	14.16

Production Line Worker (Food Processing)	14.77
Shipping Packer	12.64
Shipping/Receiving Clerk	12.64
Stock Clerk (Shelf Stocker; Store Worker II)	14.09
Store Worker I	11.47
Tools and Parts Attendant	16.40
Warehouse Specialist	13.55
Mechanics and Maintenance and Repair Occupations	
Aircraft Mechanic	24.07
Aircraft Mechanic Helper	19.44
Aircraft Quality Control Inspector	25.00
Aircraft Servicer	21.29
Aircraft Worker	22.20
Appliance Mechanic	20.13
Bicycle Repairer	17.13
Cable Splicer	24.07
Carpenter, Maintenance	23.15
Carpet Layer	19.30
Electrician, Maintenance	25.53
Electronics Technician, Maintenance I	16.87
Electronics Technician, Maintenance II	23.15
Electronics Technician, Maintenance III	24.71
Fabric Worker	18.94
Fire Alarm System Mechanic	20.93
Fire Extinguisher Repairer	17.73
Fuel Distribution System Mechanic	20.93
General Maintenance Worker	18.98
Heating, Refrigeration and Air Conditioning Mechanic	20.93
Heavy Equipment Mechanic	21.10
Heavy Equipment Operator	24.07
Instrument Mechanic	24.07
Laborer	15.04
Locksmith	20.31
Machinery Maintenance Mechanic	23.45
Machinist, Maintenance	20.81
Maintenance Trades Helper	16.90
Millwright	20.93
Office Appliance Repairer	20.13
Painter, Aircraft	20.13
Painter, Maintenance	23.15
Pipefitter, Maintenance	29.73
Plumber, Maintenance	23.15
Pneudraulic Systems Mechanic	20.93
Rigger	20.93
Scale Mechanic	19.30
Sheet-Metal Worker, Maintenance	24.45
Small Engine Mechanic	19.30
Telecommunication Mechanic I	24.07
Telecommunication Mechanic II	28.03
Telephone Lineman	24.07
Welder, Combination, Maintenance	20.93
Well Driller	20.93
Woodcraft Worker	20.93
Woodworker	17.73
Miscellaneous Occupations	
Animal Caretaker	16.32
Carnival Equipment Operator	17.13
Carnival Equipment Repairer	17.97
Carnival Worker	14.67
Cashier	10.95
Desk Clerk	13.42
Embalmer	17.42
Lifeguard	11.94
Mortician	17.42
Park Attendant (Aide)	15.01

Photofinishing Worker (Photo Lab Tech., Darkroom Tech)	12.85
Recreation Specialist	18.61
Recycling Worker	17.13
Sales Clerk	11.94
School Crossing Guard (Crosswalk Attendant)	14.67
Sport Official	11.94
Survey Party Chief (Chief of Party)	17.62
Surveying Aide	11.53
Surveying Technician (Instr. Person/Surveyor Asst./Instr.)	15.80
Swimming Pool Operator	19.55
Vending Machine Attendant	13.11
Vending Machine Repairer	17.64
Vending Machine Repairer Helper	14.25
Personal Needs Occupations	
Child Care Attendant	13.42
Child Care Center Clerk	16.74
Chore Aid	12.67
Homemaker	18.59
Plant and System Operation Occupations	
Boiler Tender	22.62
Sewage Plant Operator	20.13
Stationary Engineer	22.62
Ventilation Equipment Tender	16.90
Water Treatment Plant Operator	20.13
Protective Service Occupations	
Alarm Monitor	13.50
Corrections Officer	21.90
Court Security Officer	23.64
Detention Officer	23.64
Firefighter	23.64
Guard I	9.63
Guard II	15.53
Police Officer	25.38
Stevedoring/Longshoremen Occupations	
Blocker and Bracer	16.87
Hatch Tender	16.87
Line Handler	16.87
Stevedore I	16.18
Stevedore II	17.60
Technical Occupations	
Air Traffic Control Specialist, Center (2)	28.49
Air Traffic Control Specialist, Station (2)	19.65
Air Traffic Control Specialist, Terminal (2)	21.63
Archeological Technician I	14.59
Archeological Technician II	16.32
Archeological Technician III	20.21
Cartographic Technician	18.27
Civil Engineering Technician	20.21
Computer Based Training (CBT) Specialist/ Instructor	23.05
Drafter I	14.47
Drafter II	15.90
Drafter III	19.03
Drafter IV	20.21
Engineering Technician I	13.60
Engineering Technician II	15.69
Engineering Technician III	19.21
Engineering Technician IV	20.40
Engineering Technician V	23.03
Engineering Technician VI	25.09
Environmental Technician	22.90
Flight Simulator/Instructor (Pilot)	27.63
Graphic Artist	24.80
Instructor	22.16
Laboratory Technician	19.60
Mathematical Technician	20.24

Paralegal/Legal Assistant I	17.63
Paralegal/Legal Assistant II	22.89
Paralegal/Legal Assistant III	27.99
Paralegal/Legal Assistant IV	33.88
Photooptics Technician	21.41
Technical Writer	27.81
Unexploded (UXO) Safety Escort	18.10
Unexploded (UXO) Sweep Personnel	18.10
Unexploded Ordnance (UXO) Technician I	18.10
Unexploded Ordnance (UXO) Technician II	21.91
Unexploded Ordnance (UXO) Technician III	26.25
Weather Observer, Combined Upper Air and Surface Programs (3)	21.01
Weather Observer, Senior (3)	23.33
Weather Observer, Upper Air (3)	21.01
Transportation/ Mobile Equipment Operation Occupations	
Bus Driver	16.09
Parking and Lot Attendant	10.97
Shuttle Bus Driver	13.42
Taxi Driver	14.83
Truckdriver, Heavy Truck	21.53
Truckdriver, Light Truck	15.43
Truckdriver, Medium Truck	16.82
Truckdriver, Tractor-Trailer	21.53

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ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$2.02 an hour or \$80.80 a week or \$350.13 a month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor weeks after 5 years, 4 weeks after 10 years, and 5 weeks after 20 years. Length of se includes the whole span of continuous service with the present contractor or successor wherever employed, and with the predecessor contractors in the performance of similar at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year's Day, Martin Luther King Jr.'s Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Colu Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute any of the named holidays another day off with pay in accordance with a plan communica to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

- 1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)
- 2) APPLICABLE TO AIR TRAFFIC CONTROLLERS ONLY - NIGHT DIFFERENTIAL: An employee is entitled to pay for all work performed between the hours of 6:00 P.M. and 6:00 A.M. at rate of basic pay plus a night pay differential amounting to 10 percent of the rate of basic pay.
- 3) WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a reg tour of duty, you will earn a night differential and receive an additional 10% of basi for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your ra basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees emplo in a position that represents a high degree of hazard when working with or in close proximity to ordinance, explosives, and incendiary materials. This includes work such screening, blending, dying, mixing, and pressing of sensitive ordance, explosives, and

pyrotechnic compositions such as lead azide, black powder and photoflash powder. All house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ra

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employed possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential

**\*\* UNIFORM ALLOWANCE \*\***

If employees are required to wear uniforms in the performance of this contract (either the terms of the Government contract, by the employer, by the state or local law, etc.) the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost) reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (\$6.70 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

**\*\* NOTES APPLYING TO THIS WAGE DETERMINATION \*\***

**Source of Occupational Title and Descriptions:**

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations," Fourth Edition, January 1993, as amended by the Third Supplement, dated March 1997, unless otherwise indicated. This publication may be obtained from the Superintendent of Documents, at 202-783-3238, or by writing to the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Copies of specific job descriptions may also be obtained from the appropriate contract officer.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 14 (SF 1444)}

**Conformance Process:**

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such unlisted classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The unlisted classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section

4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupational classification (and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order (proposed occupational classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report on the action, together with the agency's recommendations and pertinent information including position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupational Classifications" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split or combine, or subdivide classifications listed in the wage determination.



# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OIA  
0346-0046

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: _____		<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known: _____
<b>6. Federal Department/Agency:</b> _____		<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____
<b>8. Federal Action Number, if known:</b> _____		<b>9. Award Amount, if known:</b> \$ _____
<b>10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):</b>  _____		<b>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):</b>  _____
(attach Continuation Sheet(s) SF-LLL-A if necessary)		
<b>11. Amount of Payment (check all that apply):</b> \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned		<b>13. Type of Payment (check all that apply):</b> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____
<b>12. Form of Payment (check all that apply):</b> <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
<b>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:</b>  _____  _____  _____		
(attach Continuation Sheet(s) SF-LLL-A if necessary)		
<b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>		Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____
<b>Federal Use Only:</b> _____		Authorized for Local Reproduction Standard Form - LLL

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

## FEDERAL CONTRACTOR VETERANS' EMPLOYMENT REPORT VETS-100

OMB NO:1293-0005  
Expires 04-30-2001

Persons are not required to respond to this collection of information unless it displays a valid OMB number.

**RETURN COMPLETED REPORT TO:**

U.S. DEPARTMENT OF LABOR  
VETERANS' EMPLOYMENT AND TRAINING SERVICE  
VETS-100 REPORTING  
6101 STEVENSON AVE  
ALEXANDRIA, VA 22304

<b>TYPE OF CONTRACTOR</b> (Check one or both as applicable)	<b>TYPE OF FORM (Check only one)</b>
<input type="checkbox"/> Prime Contractor	<input type="checkbox"/> Single Establishment:
<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Multiple Establishment: Headquarters
	<input type="checkbox"/> Multiple Establishment: Hiring Location
	<input type="checkbox"/> Multiple Establishment: State
	<input type="checkbox"/> Consolidated (specify number of locations) _____ (MSC)

**COMPANY IDENTIFICATION INFORMATION** (Omit if items preprinted above)

COMPANY No:		TWELVE MONTH PERIOD ENDING						2	0	0	0
NAME OF PARENT COMPANY:		ADDRESS (NUMBER AND STREET):		M	M	D	D	Y	Y	Y	Y
CITY:		COUNTY:	STATE:	ZIP CODE:							

NAME OF HIRING LOCATION:		ADDRESS (NUMBER AND STREET):	
CITY:	COUNTY:	STATE:	ZIP CODE:

[illegible]

## INFORMATION ON VETERANS

REPORT ALL REGULAR FULL-TIME OR PART-TIME EMPLOYEES AND NEW HIRES WHO ARE VETERANS, AS DEFINED ON REVERSE. DATA ON NUMBER OF EMPLOYEES ARE TO BE ENTERED IN COLUMN L, M, AND N. DATA ON NEW HIRES ARE TO BE ENTERED IN COLUMNS O, P, Q, AND R. ENTRIES IN COLUMNS O THROUGH R, LINES 1 THROUGH 9, AND COLUMNS L, M, AND N, LINE 10 (GRAY SHADED AREAS) ARE OPTIONAL. ENTRIES IN COLUMN N, LINES 1-9; COLUMN Q, LINE 10 AND THE MAXIMUM AND MINIMUM NUMBER OF EMPLOYEES (AREAS SHADED LIGHT GRAY) ARE OPTIONAL FOR 2000 ONLY AND WILL BE REQUIRED FOR THE 2001 REPORTING CYCLE. DETAILED INSTRUCTIONS ARE FOUND ON THE REVERSE OF THIS FORM.

JOB CATEGORIES	NUMBER OF EMPLOYEES			NEW HIRES (PREVIOUS 12 MONTHS)			
	SPECIAL DISABLED VETERANS (L)	VIETNAM ERA VETERANS (M)	OTHER VETERANS (N)	SPECIAL DISABLED VETERANS (O)	VIETNAM ERA VETERANS (P)	OTHER VETERANS (Q)	TOTAL NEW HIRES, BOTH VETERANS AND NON-VETERANS (R)
OFFICIALS AND MANAGERS 1							
PROFESSIONALS 2							
TECHNICIANS 3							
SALES WORKERS 4							
OFFICE AND CLERICAL 5							
CRAFT WORKERS (SKILLED) 6							
OPERATIVE (SEMI-SKILLED) 7							
LABORERS (UNSKILLED) 8							
SERVICE WORKERS 9							
TOTAL 10							

Report the total maximum and minimum number of regular employees on board during the period covered by this report.

Maximum Number

Minimum Number

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# FEDERAL CONTRACTOR VETERANS' EMPLOYMENT REPORT (VETS-100)

## WHO MUST FILE

The Vets-100 report is to be completed by all nonexempt federal contractors and subcontractors with contracts or subcontracts for the furnishing of supplies and services or the use of real or personal property for \$25,000 or more. Services include but are not limited to the following services: Utility, construction, transportation, research, insurance, and fund depository, irrespective of whether the government is the purchaser or seller. The existence of \$25,000 or more in federal contracts or subcontracts during a given calendar year establishes the requirement to file a VETS-100 Report during the following calendar year.

## WHEN TO FILE

This annual report must be filed no later than September 30. Mail to the address pre-printed on the front of the form.

## LEGAL BASIS FOR REPORTING REQUIREMENTS

Title 38, United States Code, Section 4212(d) and PL 105-339, require that federal contractors report at least annually the numbers of: 1) special disabled veterans, 2) veterans of the Vietnam era, and 3) other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized who are in their workforce. Reporting is required by hiring location and includes both the number employed and the number of new hires, within the three categories listed above. The number of veterans employed within these categories is to be broken out by job category and maximum and minimum total employment is to be reported as well.

## HOW TO SUBMIT THE VETS-100 REPORTS

Single-establishment employers must file one completed form. All multi-establishment employers, i.e., those doing business at more than one hiring location, must file (A) one form covering the principal or headquarters office; (B) a separate form for each hiring location employing 50 or more persons; and (C) EITHER, (i) a separate form for each hiring location employing fewer than 50 persons, OR (ii) consolidated reports that cover hiring locations within one State that have fewer than 50 employees. Each state consolidated report must also list the name and address of the hiring locations covered by the report. Company consolidated reports such as those required by EEO-1 reporting procedures are NOT required for the VETS-100 report. Completed reports for the headquarters location and all other hiring locations for each company should be mailed in one package to the address indicated on the front of the form.

## RECORD KEEPING

Employers must keep copies of the completed annual VETS-100 report submitted to DOL for a period of two years.

## HOW TO PREPARE THE FORMS

As VETS only sends one copy of the VETS-100 Reporting form to each headquarters location, multi-establishment employers submitting hard copy reports should produce facsimile copies of the headquarters form for reporting data on each location.

**Type of Contractor** Indicate the type of contractual relationship (prime contractor or subcontractor) that the organization has with the Federal Government. If the organization serves as both a prime contractor and a subcontractor on various federal contracts, check both boxes.

**Type of Form** If a reporting organization submits only one VETS-100 Report form for a single location, check the Single Establishment box. If the reporting organization submits more than one form, only one form should be checked as Multiple Establishment-Headquarters. The remaining forms should be checked as either Multiple Establishment-Hiring Location or Multiple Establishment-State Consolidated. For state consolidated forms, the number of hiring locations included in that report should be entered in the space provided. For each form, only one box should be checked within this block.

## COMPANY IDENTIFICATION INFORMATION

**Company Number** Do not change the Company Number that is printed on the form. If there are any questions regarding your Company Number, please call the VETS-100 staff at (703) 461-2460 or e-mail [HELPS@VETS100.COM](mailto:HELPS@VETS100.COM).

**Twelve Month Period Ending** Enter the end date for the twelve month reporting period used as the basis for filing the VETS-100 Report. To determine this period, select a date in the current year between July 1 and August 31 that represents the end of a payroll period. That payroll period will be the basis for reporting Number of Employees, as described below. Then the twelve month period preceding the end date of that payroll period will be your twelve month period covered. This period is the basis for reporting New Hires, as described below. Any federal contractor or subcontractor who has written approval from the Equal Employment Opportunity Commission to use December 31 as the ending date for the EEO-1 Report may also use that date as the ending date for the payroll period selected for the VETS-100 Report.

**Name and Address for Single Establishment Employers** COMPLETE the identifying information under the Parent Company name and address section. LEAVE BLANK all of the identifying information for the Hiring Location.

**Name and Address for Multi Establishment Employers** For parent company headquarters location, COMPLETE the name and address for the parent company headquarters. LEAVE BLANK the name and address of the Hiring Location. For hiring locations of a parent company, COMPLETE the name and address for the Parent Company location, COMPLETE the name and address for the Hiring Location.

**SIC Code, DUNS Number, and Employer ID Number** Single Establishment and Multi Establishment Employers should COMPLETE the SIC Code, DUNS Number, and Employer ID Number as described below.

**SIC Code** Enter the four (4) digit SIC Code applicable to the hiring location for which the report is filed. If there is not a separate SIC Code for the hiring location, enter the SIC Code for the parent company.

**Dun and Bradstreet I.D. Number (DUNS)** If the company or any of its establishments has a Dun and Bradstreet Identification Number, please enter the nine (9) digit number in the space provided. If there is a specific DUNS Number applicable to the hiring location for which the report is filed, enter that DUNS Number. Otherwise, enter the DUNS number for the parent company.

**Employer I.D. Number (EIN)** Enter the nine (9) digit numbers assigned by the I.R.S. to the contractor. If there is a specific EIN applicable to the hiring location for which the report is filed, enter that EIN. Otherwise, enter the EIN for the parent company.

## INFORMATION ON VETERANS

**Number of Employees** Select any payroll period ending between July 1 and August 31 of the current year. Provide all data for regular full-time and part-time employees who were special disabled veterans, Vietnam-era veterans, or other veterans employed as of the ending date of the selected payroll period. Do not include employees specifically excluded as indicated in 41 CFR 61-250.2(b)(2). Employees must be counted by veteran status for each of the nine occupational categories (Lines 1-9) in columns L and M. Blank spaces will be considered zeros.

**New Hires** Report the number of regular full-time and part-time employees by veteran status who were hired (both veterans and non-veterans) and who were included in the payroll for the first time during the 12-month period ending between July 1 through August 31 of the current year. The totals in columns O, P and R (Line 10) are required. Enter all applicable numbers, including zeros.

**Maximum/Minimum Employees** Report the maximum and minimum number of regular employees on board during the period covered as indicated by PL 105-339.

## DEFINITIONS:

**'Hiring location'** means an establishment as defined at 41 CFR 61-250.2(b)

**'Special Disabled Veteran'** means (A) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 3106 of Title 38, U.S.C. to have a serious employment handicap; or (B) a person who was discharged or released from active duty because of a service-connected disability.

**'Veteran of the Vietnam-era'** means a person who: (A) served in the military, ground, naval or air service of the United States on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases.

**Other Veterans** means veterans who served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions that meet this criterion, contact the Office of Personnel Management (OPM) and ask for the OPM VETS Guide, Appendix A. A local OPM telephone number may be found in the telephone book under Federal Government or consult Directory Assistance for your area code for the nearest OPM location. For those with Internet access, the information required to make this determination also is available at: <http://www.opm.gov/veterans/html/vgmeda2.htm>.

Public reporting burden for this collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data source, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Department of Labor, Office of Information Management, Room N-1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210. All completed VETS-100 Reports should be sent to the address indicated on the front of the form.

# **SUBCONTRACTING REPORT FOR INDIVIDUAL CONTRACTS** (See instructions on reverse)

OMB No.: 9000-0006  
Expires: 04/30/2001

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405.

1. CORPORATION, COMPANY OR SUBDIVISION COVERED			3. DATE SUBMITTED	
a. COMPANY NAME				
b. STREET ADDRESS			4. REPORTING PERIOD FROM INCEPTION OF CONTRACT THRU	
c. CITY			<input type="checkbox"/> MAR 31 <input type="checkbox"/> SEPT 30    YEAR	
d. STATE    e. ZIP CODE				
2. CONTRACTOR IDENTIFICATION NUMBER			5. TYPE OF REPORT	
			<input type="checkbox"/> REGULAR <input type="checkbox"/> FINAL <input type="checkbox"/> REVISED	
6. ADMINISTERING ACTIVITY (Please check applicable box)				
<input type="checkbox"/> ARMY <input type="checkbox"/> GSA <input type="checkbox"/> NASA <input type="checkbox"/> NAVY <input type="checkbox"/> DOE <input type="checkbox"/> OTHER FEDERAL AGENCY (Specify) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DEFENSE LOGISTICS AGENCY				
7. REPORT SUBMITTED AS (Check one and provide appropriate number)			8. AGENCY OR CONTRACTOR AWARDED CONTRACT	
<input type="checkbox"/> PRIME CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR			a. AGENCY'S OR CONTRACTOR'S NAME b. STREET ADDRESS	
PRIME CONTRACT NUMBER SUBCONTRACT NUMBER				
9. DOLLARS AND PERCENTAGES IN THE FOLLOWING BLOCKS:			c. CITY    d. STATE    e. ZIP CODE	
<input type="checkbox"/> DO INCLUDE INDIRECT COSTS <input type="checkbox"/> DO NOT INCLUDE INDIRECT COSTS				

## **SUBCONTRACT AWARDS**

TYPE	CURRENT GOAL		ACTUAL CUMULATIVE	
	WHOLE DOLLARS	PERCENT	WHOLE DOLLARS	PERCENT
10a. SMALL BUSINESS CONCERNS (Include SDB, WOSB, HBCU/MI, HUBZone SB, VOSB and Service-Disabled VOSB) (Dollar Amount and Percent of 10c.)				
10b. LARGE BUSINESS CONCERNS (Dollar Amount and Percent of 10c.)				
10c. TOTAL (Sum of 10a and 10b.)		100.0%		100.0%
11. SMALL DISADVANTAGED (SDB) CONCERNS (Include HBCU/MI) (Dollar Amount and Percent of 10c.)				
12. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS (Dollar Amount and Percent of 10c.)				
13. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI) (If applicable) (Dollar Amount and Percent of 10c.)				
14. HUBZONE SMALL BUSINESS (HUBZone SB) CONCERNS (Dollar Amount and Percent of 10c.)				
15. VETERAN-OWNED SMALL BUSINESS (Include Service-Disabled Veteran Owned SB) (Dollar Amount and Percent of 10c.)				
16. REMARKS				

17a. NAME OF INDIVIDUAL ADMINISTERING SUBCONTRACTING PLAN		17b. TELEPHONE NUMBER	
		AREA CODE	NUMBER

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STANDARD FORM 294 (REV. 10-2000)  
Prescribed by GSA/FAR (48 CFR) 53.219(a)

## GENERAL INSTRUCTIONS

1. This report is not required from small businesses.
2. This report is not required for commercial items for which a commercial plan has been approved, nor from large businesses in the Department of Defense (DOD) Test Program for Negotiation of Comprehensive Subcontracting Plans. The Summary Subcontract Report (SF 295) is required for contractors operating under one of these two conditions and should be submitted to the Government in accordance with the instructions on that form.
3. This form collects subcontract award data from prime contractors/subcontractors that: (a) hold one or more contracts over \$500,000 (over \$1,000,000 for construction of a public facility); and (b) are required to report subcontracts awarded to Small Business (SB), Small Disadvantaged Business (SDB), Women-Owned Small Business (WOSB), HUBZone Small Business (HUBZone SB), Veteran-Owned Small Business (VOSB) and Service-Disabled Veteran-Owned Small Business concerns under a subcontracting plan. For the Department of Defense (DOD), the National Aeronautics and Space Administration (NASA), and the Coast Guard, this form also collects subcontract award data for Historically Black Colleges and Universities (HBCUs) and Minority Institutions (MIs).
4. This report is required for each contract containing a subcontracting plan and must be submitted to the administrative contracting officer (ACO) or contracting officer if no ACO is assigned, semi-annually during contract performance for the periods ended March 31st and September 30th. A separate report is required for each contract at contract completion. Reports are due 30 days after the close of each reporting period unless otherwise directed by the contracting officer. Reports are required when due, regardless of whether there has been any subcontracting activity since the inception of the contract or since the previous report.
5. Only subcontracts involving performance within the U.S., its possessions, Puerto Rico, and the Trust Territory of the Pacific Islands should be included in this report.
6. Purchases from a corporation, company, or subdivision that is an affiliate of the prime/subcontractor are not included in this report.
7. Subcontract award data reported on this form by prime contractors/subcontractors shall be limited to awards made to their immediate subcontractors. Credit cannot be taken for awards made to lower tier subcontractors.

## SPECIFIC INSTRUCTIONS

- BLOCK 2:** For the Contractor Identification Number, enter the nine-digit Data Universal Numbering System (DUNS) number that identifies the specific contractor establishment. If there is no DUNS number available that identifies the exact name and address entered in Block 1, contact Dun and Bradstreet Information Services at 1-800-333-0505 to get one free of charge over the telephone. Be prepared to provide the following information: (1) Company name; (2) Company address; (3) Company telephone number; (4) Line of business; (5) Chief executive officer/key manager; (6) Date the company was started; (7) Number of people employed by the company; and; (8) Company affiliation.
- BLOCK 4:** Check only one. Note that all subcontract award data reported on this form represents activity since the inception of the contract through the date indicated in this block.
- BLOCK 5:** Check whether this report is a "Regular," "Final," and/or "Revised" report. A "Final" report should be checked only if the contractor has completed the contract or subcontract reported in Block 7. A "Revised" report is a change to a report previously submitted for the same period.
- BLOCK 6:** Identify the department or agency administering the majority of subcontracting plans.
- BLOCK 7:** Indicate whether the reporting contractor is submitting this report as a prime contractor or subcontractor and the prime contract or subcontract number.
- BLOCK 8:** Enter the name and address of the Federal department or agency awarding the contract or the prime contractor awarding the subcontract.
- BLOCK 9:** Check the appropriate block to indicate whether indirect costs are included in the dollar amounts in blocks 10a through 14. To ensure comparability between the goal and actual columns, the contractor may include indirect costs in the actual column only if the subcontracting plan included indirect costs in the goal.

**BLOCKS 10a through 15:** Under "Current Goal," enter the dollar and percent goals in each category (SB, SDB, WOSB, VOSB, and HUBZone SB) from the subcontracting plan approved for this contract. (If the original goals agreed upon at contract award have been revised as a result of contract modifications, enter the original goals in Block 16. The amounts entered in Blocks 10a through 15 should reflect the revised goals.) Under "Actual Cumulative," enter actual subcontract achievements (dollar and percent) from the inception of the contract through the date of the report shown in Block 4. In cases where indirect costs are included, the amounts should include both direct awards and an appropriate prorated portion of indirect awards.

**BLOCK 10a:** Report all subcontracts awarded to SBs including subcontracts to SDBs, WOSBs, VOSBs and HUBZone SBs. For DOD, NASA, and Coast Guard contracts, include subcontracting awards to HBCUs and MIs.

**BLOCK 10b:** Report all subcontracts awarded to large businesses (LBs).

**BLOCK 10c:** Report on this line the total of all subcontracts awarded under this contract (the sum of lines 10a and 10b).

**BLOCKS 11 through 15:** Each of these items is a subcategory of Block 10a. Note that in some cases the same dollars may be reported in more than one block (e.g., SDBs owned by women or veteran).

**BLOCK 11:** Report all subcontracts awarded to SDBs (including women-owned, veteran-owned, and HUBZone SB SDBs). For DOD, NASA, and Coast Guard contracts, include subcontract awards to HBCUs and MIs.

**BLOCK 12:** Report all subcontracts awarded to Women-Owned firms (including SDBs, VOSBs, and HUBZone SBs owned by women).

**BLOCK 13 (For contracts with DoD, NASA, and Coast Guard):** Report all subcontracts with HBCUs/MIs. Complete the column under "Current Goal" only when the subcontracting plan establishes a goal.

**BLOCK 14:** Report all subcontracts awarded to HUBZone SBs (including women-owned, veteran-owned, and SDB HUBZone SBs).

**BLOCK 15:** Report all subcontracts awarded to VOSBs (including Service-Disabled VOSBs (include VOSBs that are also SDBs, WOSBs and HUBZone SBs)).

**BLOCK 16:** Enter a short narrative explanation if (a) SB, SDB, WOSB, VOSB, or HUBZone SB accomplishments fall below that which would be expected using a straight-line projection of goals through the period of contract performance; or (b) if this is a final report, any one of the three goals was not met.

## DEFINITIONS

1. Direct Subcontract Awards are those that are identified with the performance of one or more specific Government contract(s).
2. Indirect costs are those which, because of incurrence for common or joint purposes, are not identified with specific Government contracts; these awards are related to Government contract performance but remain for allocation after direct awards have been determined and identified to specific Government contracts.

## DISTRIBUTION OF THIS REPORT

**For the Awarding Agency or Contractor:**

The original copy of this report should be provided to the contracting officer at the agency or contractor identified in Block 8. For contracts with DOD, a copy should also be provided to the Defense Logistics Agency (DLA) at the cognizant Defense Contract Management Area Operations (DCMAO) office.

**For the Small Business Administration (SBA):**

A copy of this report must be provided to the cognizant Commercial Market Representative (CMR) at the time of a compliance review. It is NOT necessary to mail the SF 294 to SBA unless specifically requested by the CMR.

**SUMMARY SUBCONTRACT REPORT**  
(See instructions on reverse)

OMB No.: 9000-0007  
Expires: 09/30/2003

Public reporting burden for this collection of information is estimated to average 12.9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the FAR Secretariat (MVR), Federal Acquisition Policy Division, GSA, Washington, DC 20405.

1. CORPORATION, COMPANY OR SUBDIVISION COVERED		3. DATE SUBMITTED	
a. COMPANY NAME			
b. STREET ADDRESS		4. REPORTING PERIOD	
c. CITY	d. STATE e. ZIP CODE	<input type="checkbox"/> OCT 1 - MAR 31	<input type="checkbox"/> APR 1 - SEPT 30 YEAR
7. CONTRACTOR IDENTIFICATION NUMBER		6. TYPE OF REPORT	
		<input type="checkbox"/> REGULAR <input type="checkbox"/> FINAL <input type="checkbox"/> REVISED	
8. ADMINISTERING ACTIVITY (Please check applicable box)			
ARMY	DEFENSE LOGISTICS AGENCY	DOE	
NAVY	NASA	OTHER FEDERAL AGENCY (Specify)	
AIR FORCE	GSA		
7. REPORT SUBMITTED AS (Check one)		8. TYPE OF PLAN	
<input type="checkbox"/> PRIME CONTRACTOR		<input type="checkbox"/> INDIVIDUAL	
<input type="checkbox"/> SUBCONTRACTOR		<input type="checkbox"/> COMMERCIAL PRODUCTS	
<input type="checkbox"/> BOTH		IF PLAN IS A COMMERCIAL PLAN, SPECIFY THE PERCENTAGE OF THE DOLLARS ON THIS REPORT ATTRIBUTABLE TO THIS AGENCY.	
9. CONTRACTOR'S MAJOR PRODUCTS OR SERVICE LINES			
a. b.			

**CUMULATIVE FISCAL YEAR SUBCONTRACT AWARDS**  
(Report cumulative figures for reporting period in Block 4)

TYPE	WHOLE DOLLARS	PERCENT (To nearest tenth of a %)
10a. SMALL BUSINESS CONCERNS (Include SDB, WOSB, HBCU/MI, HUBZone SB, VOSB and Service-Disabled VOSB) (Dollar Amount and Percent of 10c.)		
10b. LARGE BUSINESS CONCERNS (Dollar Amount and Percent of 10c.)		
10c. TOTAL (Sum of 10a and 10b.)		100.0%
11. SMALL DISADVANTAGED (SDB) CONCERNS (Include HBCU/MI) (Dollar Amount and Percent of 10c.)		
12. WOMEN-OWNED SMALL BUSINESS (WOSB) CONCERNS (Dollar Amount and Percent of 10c.)		
13. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU) AND MINORITY INSTITUTIONS (MI) (If applicable) (Dollar Amount and Percent of 10c.)		
14. HUBZONE SMALL BUSINESS (HUBZone SB) CONCERNS (Dollar Amount and Percent of 10c.)		
15a. VETERAN-OWNED SMALL BUSINESS (VOSB) CONCERNS (Dollar Amount and Percent of 10c.)		
15b. SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS (Dollar Amount and Percent of 10c.)		
16. REMARKS		

17. CONTRACTOR'S OFFICIAL WHO ADMINISTERS SUBCONTRACTING PROGRAM			
a. NAME	b. TITLE	c. TELEPHONE NUMBER	
		AREA CODE	NUMBER
18. CHIEF EXECUTIVE OFFICER			
a. NAME	c. SIGNATURE		
b. TITLE	d. DATE		

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Prescribed by GSA FAR (48 CFR) 53.219(e)



## GENERAL INSTRUCTIONS

1. This report is not required from small businesses.
2. This form collects subcontract award data from prime contractors/subcontractors that: (a) hold one or more contracts over \$500,000 (over \$1,000,000 for construction of a public facility); and (b) are required to report subcontract awards to Small Business (SB), Small Disadvantaged Business (SDB), Woman-Owned Small Business (WOSB), Veteran-Owned Small Business (VOSB), Service-Disabled Veteran-Owned Small Business, and HUBZone Small Business (HUBZone SB) concerns under a subcontracting plan. For the Department of Defense (DOD), the National Aeronautics and Space Administration (NASA), and the Coast Guard, this form also collects subcontract award data for Historically Black Colleges and Universities (HBCUs) and Minority Institutions (MIs).
3. This report must be submitted semi-annually (for the six months ended March 31st and the twelve months ended September 30th) for contracts with the Department of Defense (DOD) and annually (for the twelve months ended September 30th) for contracts with civilian agencies, except for contracts covered by an approved Commercial Plan (see special instructions in right-hand column). Reports are due 30 days after the close of each reporting period.
4. This report may be submitted on a corporate, company, or subdivision (e.g., plant or division operating on a separate profit center) basis, unless otherwise directed by the agency awarding the contract.
5. If a prime contractor/subcontractor is performing work for more than one Federal agency, a separate report shall be submitted to each agency covering only that agency's contracts, provided at least one of that agency's contracts is over \$500,000 (over \$1,000,000 for construction of a public facility) and contains a subcontracting plan. (Note that DOD is considered to be a single agency; see next instruction.)
6. For DOD, a consolidated report should be submitted for all contracts awarded by military departments/agencies and/or subcontracts awarded by DOD prime contractors. However, DOD contractors involved in construction and related maintenance and repair must submit a separate report for each DOD component.
7. Only subcontracts involving performance within the U.S., its possessions, Puerto Rico, and the Trust Territory of the Pacific Islands should be included in this report.
8. Purchases from a corporation, company, or subdivision that is an affiliate of the prime/subcontractor are not included in this report.
9. Subcontract award data reported on this form by prime contractors/subcontractors shall be limited to awards made to their immediate subcontractors. Credit cannot be taken for awards made to lower tier subcontractors.
10. See special instructions in right-hand column for Commercial Plans.

## SPECIFIC INSTRUCTIONS

**BLOCK 2:** For the Contractor Identification Number, enter the nine-digit Data Universal Numbering System (DUNS) number that identifies the specific contractor establishment. If there is no DUNS number available that identifies the exact name and address entered in Block 1, contact Dun and Bradstreet Information Services at 1-800-333-0605 to get one free of charge over the telephone. Be prepared to provide the following information: (1) Company name; (2) Company address; (3) Company telephone number; (4) Line of business; (5) Chief executive officer/key manager; (6) Date the company was started; (7) Number of people employed by the company; and (8) Company affiliation.

**BLOCK 4:** Check only one. Note that March 31 represents the six months from October 1st and that September 30th represents the twelve months from October 1st. Enter the year of the reporting period.

**BLOCK 5:** Check whether this report is a "Regular," "Final," and/or "Revised" report. A "Final" report should be checked only if the contractor has completed all the contracts containing subcontracting plans awarded by the agency to which it is reporting. A "Revised" report is a change to a report previously submitted for the same period.

**BLOCK 6:** Identify the department or agency administering the majority of subcontracting plans.

**BLOCK 7:** This report encompasses all contracts with the Federal Government for the agency to which it is submitted, including subcontracts received from other large businesses that have contracts with the same agency. Indicate in this block whether the contractor is a prime contractor, subcontractor, or both (check only one).

**BLOCK 8:** Check only one. Check "Commercial Plan" only if this report is under an approved Commercial Plan. For a Commercial Plan, the contractor must specify the percentage of dollars in Blocks 10a through 15b attributable to the agency to which this report is being submitted.

**BLOCK 9:** Identify the major product or service lines of the reporting organization.

**BLOCKS 10a through 15b:** These entries should include all subcontract awards resulting from contracts or subcontracts, regardless of dollar amount, received from the agency to which this report is submitted. If reporting as a subcontractor, report all subcontracts awarded under prime contracts. Amounts

should include both direct awards and an appropriate prorated portion of indirect awards. (The indirect portion is based on the percentage of work being performed for the organization to which this report is being submitted in relation to other work being performed by the prime contractor/subcontractor.) Do not include awards made in support of commercial business unless "Commercial" is checked in Block 8 (see Special Instructions for Commercial Plans in right-hand column). Report only those dollars subcontracted this fiscal year for the period indicated in Block 4.

**BLOCK 10a:** Report all subcontracts awarded to SBs including subcontracts to SDBs, WOSBs, VOSBs, and HUBZone SBs. For DOD, NASA, and Coast Guard contracts, include subcontracting awards to HBCUs and MIs.

**BLOCK 10b:** Report all subcontracts awarded to large businesses (LBs).

**BLOCK 10c:** Report on this line the grand total of all subcontracts (the sum of lines 10a and 10b).

**BLOCKS 11 through 15b:** Each of these items is a subcategory of Block 10a. Note that in some cases the same dollars may be reported in more than one block (e.g., SDBs owned by women); likewise subcontracts to HBCUs or MIs should be reported on both Block 11 and 13.

**BLOCK 11:** Report all subcontracts awarded to SDBs (including women-owned, veteran-owned, and HUBZone SB SDBs). For DOD, NASA, and Coast Guard contracts, include subcontract awards to HBCUs and MIs.

**BLOCK 12:** Report all subcontracts awarded to WOSB firms (including SDBs, VOSBs, and HUBZone SBs owned by women).

**BLOCK 13:** (For contracts with DOD, NASA, and Coast Guard): Enter the dollar value of all subcontracts with HBCUs/MIs.

**BLOCK 14:** Report all subcontracts awarded to HUBZone SBs (including women-owned, veteran-owned, and SDB HUBZone SBs).

**BLOCK 15a:** Report all subcontracts awarded to VOSBs (including women-owned, SDB, and HUBZone SB VOSBs).

**BLOCK 15b:** Report all subcontracts awarded to service disabled VOSBs (these subcontracts should also be reported in Block 15a).

## SPECIAL INSTRUCTIONS FOR COMMERCIAL PLANS

1. This report is due on October 30th each year for the previous fiscal year ended September 30th.
2. The annual report submitted by reporting organizations that have an approved company-wide annual subcontracting plan for commercial items shall include all subcontracting activity under commercial plans in effect during the year and shall be submitted in addition to the required reports for other-than-commercial items, if any.
3. Enter in Blocks 10a through 15b the total of all subcontract awards under the contractor's Commercial Plan. Show in Block 8 the percentage of the total that is attributable to the agency to which this report is being submitted. This report must be submitted to each agency from which contracts for commercial items covered by an approved Commercial Plan were received.

## DEFINITIONS

1. Direct Subcontract Awards are those that are identified with the performance of one or more specific Government contract(s).
2. Indirect Subcontract Awards are those which, because of incurrence for common or joint purposes, are not identified with specific Government contracts; these awards are related to Government contract performance but remain for allocation after direct awards have been determined and identified to specific Government contracts.

## SUBMITTAL ADDRESSES FOR ORIGINAL REPORT

For DOD Contractors, send reports to the cognizant contract administration office as stated in the contract.

For Civilian Agency Contractors, send reports to awarding agency.

1. NASA: Forward reports to NASA, Office of Procurement (HS) Washington, DC 20546
2. OTHER FEDERAL DEPARTMENTS OR AGENCIES: Forward report to the OSDBU Director unless otherwise provided for in instructions by the Department or Agency.

## FOR ALL CONTRACTORS:

**SMALL BUSINESS ADMINISTRATION (SBA):** Send "info copy" to the cognizant Commercial Market Representative (CMR) at the address provided by SBA. Call SBA Headquarters in Washington, DC at (202) 205-6475 for correct address if unknown.